

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. **10824389**  
APPLICANT(S)

FILED DATE

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		3				
12		2				
13		1				
14		2				
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49						
50						
TOTAL IND.	1					
TOTAL DEP.		17				
TOTAL CLAIMS		17				

	IND	DEP	IND	DEP	IND	DEP
51						
52						
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TOTAL IND.						
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TOTAL CLAIMS						